

Best Available Copy
ART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence, including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p style="text-align: center;">(see back of form) will now be mailed to: (please print clearly)</p> <p style="text-align: center;">11000 Rockville Pike, Bethesda, MD 20892-4199</p> <p style="text-align: center;">B2M1/0415</p> <p>OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT FOURTH FLOOR 1755 JEFFERSON DAVIS HIGHWAY ARLINGTON VA 22202</p> <p style="text-align: center;"><i>m</i></p>		<p style="text-align: center;">INVENTOR'S NAME REINHOLD, CHRISTIAN WILHELM Street Address 11000 Rockville Pike, Bethesda, MD 20892-4199</p> <p style="text-align: center;">CO-INVENTOR'S NAME CRAIG R. B. Street Address 11000 Rockville Pike, Bethesda, MD 20892-4199</p> <p style="text-align: center;"><input type="checkbox"/> Check if additional changes are on reverse side</p>	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/416,100	04/04/95	007	LARKIN, D.	04/15/96

First Name Applicant	ERATER			CRAIG R.	
TITLE OF INVENTION	SCANNING STYLUS ATOMIC FORCE MICROSCOPE WITH CANTILEVER TRACKING AND OPTICAL ACCESS (AS AMENDED)				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 5208-053-20X	073-105.000	V87	UTILITY	NO	\$1250.00	07/15/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<p style="text-align: center;">1 OBLON, SPIVAK, 2 MCCLELLAND, MAIER 3 & NEUSTADT, P.C.</p>

DO NOT USE THIS SPACE	
060 JS 07/15/96 08416100	1 142 1,250.00 CR
060 JS 07/15/96 08416100	1 381 33.00 CR

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
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<p>(1) NAME OF ASSIGNEE: SEE ATTACHMENT *</p> <p>(2) ADDRESS: (CITY & STATE OR COUNTRY): SEE ATTACHMENT *</p>	
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<p>A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.</p> <p>PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>	
<p>5. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies -11- <input type="checkbox"/> Any Deficiencies in Enclosed Fees</p>	
<p>6. The following fees should be charged to my Deposit Account Number 15-0030 (ENCLOSE PART C)</p>	
<p><input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees</p>	
<p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p>	
<p>(Authorized Signature) <i>Richard A. Kuester</i> (Date) <i>6/17/95</i></p>	
<p>NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>	

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE